

SECRET
(When Filled In)

PERSONALITY FILE REQUEST		NOTE: Consult the 201 Control System Reference Manual before completing this form. Form must be typed or printed in block letters.	
TO: RID <input type="checkbox"/> Section		DATE 27 JUL 1951	ACTION <input checked="" type="checkbox"/> OPEN <input type="checkbox"/> AMEND <input type="checkbox"/> CLOSE
FROM: <input type="checkbox"/>		ROOM NO. 2203 K	TELEPHONE 2246
SECTION I			
<input checked="" type="checkbox"/> SENSITIVE <input type="checkbox"/> NON-SENSITIVE		SOURCE DOCUMENT FR 56 4372 24 JUL 1951	
NAME (Last) EICHLER		NAME (First) OSKAR	
		NAME (Middle) RAMON	
		NAME (Title) DR.	
NAME VARIANT			
2. TYPE	(Last)	(First)	(Middle)
4. PHOTO	5. BIRTH DATE	6. COUNTRY OF BIRTH	7. CITY OR TOWN OF BIRTH
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> Y		
OTHER IDENTIFICATION			8. OTHER IDEN CODE
OCCUPATION/POSITION			9. OCC/POS CODE
SECTION II			
CRYPTONYM		PSEUDONYM	
SECTION III			
10. COUNTRY OF RESIDENCE	11. PRIMARY DESK INTEREST	12. 2ND COUNTRY INTEREST	12A. 3RD COUNTRY INTEREST
COMMENTS <div style="text-align: right; font-size: small;"> DECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCES METHODS EXEMPTION 3B2B NAZI WAR CRIMES DISCLOSURE ACT DATE 2003 2005 </div>			
PERMANENT CHARGE		RESTRICTED FILE	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SIGNATURE	